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ABSTRACT

The sixth annual report to Congress on Head Start services to handicapped children details the number and type of children served for the 1977-78 year and the 1977 summer program. An introductory section provides background information, including an overview of Head Start policies regarding handicapped children. Chapter 2 presents findings on the number, types of handicaps, and severity of handicaps served. Among results cited are that handicapped children accounted for 13% of the total enrollment in full year programs; and that the distribution of handicapped children categorized by primary handicapping condition ranged from 52.7% speech impaired to .4% blind. Chapter 3 summarizes the following types of Head Start services: outreach and recruitment, diagnosis and assessment, mainstreaming and special services, training and technical assistances, parent services, interagency cooperation, and summer Head Start programs. Results of a 2-year study on mainstreaming in Head Start are included. Among four appendixes are survey results of handicapped children in Head Start by state. (CL)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Sixth Annual Report of The U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start

U.S. Department of Health, Education, and Welfare
Office of Human Development Services
Administration for Children, Youth and Families
Washington, D.C.

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SUMMARY

The Head Start, Economic Opportunity and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children... and that services shall be provided to meet their special needs." The term "handicapped children" is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services. Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although Head Start alone cannot meet the needs of such a large population of handicapped children, it is making a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have risen steadily since the data were first reported in 1973.

This report is based on the Survey of Head Start Handicapped Efforts in the 1977-78 Full Year and 1977 Summer Head Start programs as well as other supplementary data. It discusses the status of handicapped children in those Head Start programs (95 percent) that responded to the survey.

—Children professionally diagnosed as handicapped accounted for 13 percent of total enrollment in full year programs.

—In 49 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in full year programs.

—70 percent of Head Start programs have enrolled at least 10 percent handicapped children.

The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 52.7 percent speech impaired, 11.8 percent health impaired, 7.6 percent physically handicapped (orthopedically handicapped), 7.1 percent seriously emotionally disturbed, 6.6 percent mentally retarded, 5.7 percent specific learning disability, 4.2 percent hearing impaired, 3.4 percent visually impaired, 0.5 percent deaf, and 0.4 percent blind.

The percentage of speech impaired children enrolled in Head Start represents a 2.3 percent increase over the enrollment of 50.4 percent reported in the previous full year survey. This is consistent with national estimates of children requiring special assistance in speech and language development.

—27.7 percent of the handicapped children enrolled have multiple handicapping conditions.

Head Start has continued to serve a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized services. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatment and services; Head Start staff, in conjunction with other professionals and the child's family, may have to set priorities in objectives and services for that child in order to provide a focused, systematic plan of action.

—In 1977, 98 percent of all Head Start programs had enrolled at least one handicapped child.

—Handicapped children were present in 90.7 percent of Head Start centers and 82.3 percent of Head Start classrooms.

These figures indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. Head Start continues to be the largest program that includes preschool handicapped children in group experiences on a systematic basis, i.e., that mainstreams handicapped children. Integrated preschool programs give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some children who, for a variety of reasons, may do better at first in a non-mainstreamed environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstreamed program. However, for the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstreamed classroom setting. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

All handicapped children who were enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, Head Start programs continued to develop and carry out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Some 94 percent of the Head Start programs reported special efforts to locate and recruit handicapped children.

Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Of those 38,121 handicapped children who were enrolled in Head Start in reporting programs, 27 percent had been diagnosed by professionals employed by Head Start (including consultants); 24.5 percent had been diagnosed by professionals working in hospitals, clinics, or other public agencies; 21.2 percent by private physicians or other medical professionals; 16 percent by Head Start diagnostic teams (including consultants); and 10.8 percent by public agency diagnostic teams.

Head Start programs continued to increase their own staffs, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, and play therapy). A person had been designated to coordinate services for handicapped children in 92.4 percent of the programs. Some 28.5 percent of the programs required special modifications in their physical facilities in order to serve handicapped children; 71.5 percent of these had made or had scheduled the modifications. Fifty-eight percent of the responding programs had acquired or were acquiring special equipment or materials; 38.3 percent still required additional equipment or materials in addition to those acquired or ordered.

In order to insure appropriate and high quality educational and developmental experiences for handicapped children, priority has been given to staff training with emphasis on teachers, aides, and health services coordinators. Some 77.1 percent of the programs provided preservice training to current staff, and 90.9 percent of the programs had provided inservice training to current staff. Up to 82 percent of the programs reported that further training was needed.

In addition to the usual Head Start involvement of a child's parents and other family members in activities and decisions involving their child, parents of handicapped children are trained to participate with their child in activities that will foster development and learning. They are also afforded special support to work through feelings associated with the child and the child's handicap. Head Start programs reported a number of special services provided to parents of handicapped children, including counseling, referrals to other agencies, in-service meetings, provision of special literature and teaching materials, parent meetings, and transportation assistance.

Head Start and other agencies and organizations concerned with handicapped children must coordinate efforts if they are to make maximum use of their limited individual resources. Programs reported working with other agencies in several ways:

—70 percent of the programs or more utilized local school systems, public health departments, and welfare agencies to locate and recruit handicapped children.

—25 percent of the handicapped children had been referred to Head Start by other agencies or individuals, 18.9 percent were referred and professionally diagnosed prior to Head Start.

—51.6 percent of the children received special services from other agencies or individuals.

Eight program manuals have been written to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The

series was developed in collaboration with many contributors. Teams of national experts and Head Start teachers met to develop the manuals under the direction of the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975, (P.L. 94-142), each state's allocation figures are based on the number of handicapped children, 3-21, currently being served. As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies in many places to insure that the number of children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the state count. In addition, Head Start programs coordinated their searches for unserved handicapped children with the statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel have also taken steps to increase program ability to use other resources such as Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs, and talents. Additionally, the Head Start program provides the special services required by handicapped children.

To assure optimal transition by handicapped Head Start children into the public school, Head Start personnel serve as advocates for these children. They also plan and provide an Individualized Educational Program (I.E.P.) for each handicapped child. To make the program most effective, Head Start personnel involve the parents of the child in the planning.

The Summer Head Start program provides an opportunity for initial assessment of the child's skills at the time of entry into the program and the development and implementation of a program plan that can be continued as the child enters the school system in the fall. Summer Head Start programs appear to have been fairly successful in recruiting handicapped children. Handicapped children comprised 12.1 percent of children enrolled in Summer programs in Summer 1977.

ACYF has directed a two year evaluation of the process of mainstreaming handicapped children in Project Head Start. The study generally revealed success in mainstreaming in Head Start with handicapped children.

More than 90 percent of the sample handicapped children had been mainstreamed in Head Start. Fifty-seven percent of the children with severe disabilities and 81 percent with mild impairments were socially integrated. Fifty-four percent of the handicapped children were in settings in which professional specialists were used to augment core Head Start staff. A greater proportion of Head Start programs (98.3 percent) provided a mainstreaming experience in comparison with the non-Head Start programs (28 percent).

More than half of the Head Start sample handicapped children had been provided an individualized service plan.

Both Head Start and non-Head Start speech impaired children showed developmental gains of almost six months of communication age over non-served children. Developmental gains for Head Start and non-Head Start children with other

handicapping conditions were consistently more positive than for non-served children, although the findings did not reach levels of statistical significance.

The experience of the Head Start child's teacher in working with handicapped children was the primary factor in the child benefiting from the Head Start program. Smaller class size, lower handicapped/nonhandicapped child ratios, and high levels of time spent in a mainstreaming situation were all positively related to developmental gains and increased positive social interaction by Head Start handicapped children. However, trends varied as a function of the child's handicap and were not always statistically significant.

Chapter 1
Head Start and Preschool Handicapped Children
Background Information

A. Purpose of this Report

This is the Sixth Annual Report to the Congress on Head Start Services to handicapped children. The purpose of this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided to them.

The Head Start, Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children... and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

The term handicapped children is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

B. Overview of Head Start Policies on Services to Handicapped Children

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Administration for Children, Youth and Families* has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. *Outreach and Recruitment* - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would prove detrimental to the child.

2. *Needs Assessment, Screening and Diagnosis* - Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation to provide an adequate basis for special education, treat-

*Formerly the Office of Child Development.

ment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. *Diagnostic Criteria and Reporting* - In 1975, Head Start, the Bureau of Education for the Handicapped and other DHEW agencies that serve handicapped children reviewed the reporting criteria then being used for reporting purposes. Based on that review, an expanded set of criteria was issued by Head Start. The expanded criteria included the addition of a "learning disabilities" category in order to be consistent with the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, they were specifically tailored to the developmental levels of the preschool population, aged 3-5.

   Table A presents the diagnostic criteria used in reporting handicapping conditions of the children.

Table A

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness - A child shall be reported as blind when any one of the following exists: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the state of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment [Handicap] - A child shall be reportd as visually impaired if central acuity, with corrective lenses, does not exceed 27/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

*__Multiple handicaps:__ Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

Table A - Continued on page 9

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the state of residence.

Hearing Impairment [Handicap] - A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap [Orthopedic Handicap] - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with cogenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Speech Impairment [Communication Disorder] - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping condition, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities - Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

4. *Severely and Substantially Handicapped Children* - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation, and who by reason of their handicap require special education and related services (see Table A, Page 5). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirement. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions will continue to receive appropriate Head Start services, but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

   Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Severely handicapped children are enrolled in Head Start only when the professional diagnostic resource recommends that placement in the program is in the child's best interest and when the parents concur.

5. *Services for the Handicapped Child* - Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement, and health services (including medical, dental, mental health, and nutrition)--should consider the child's needs, his or her developmental potential, and family circumstances. In addition, special educational services and support services are provided to meet the unique needs of the individual handicapped child.

6. *Mainstreaming* - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. *Program Models* - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard five-day center based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on the professional diagnosis, and with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. *Collaboration with Other Agencies* - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment, and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the state count on which allocation of federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for all Handicapped Children Act of 1975 and other state and local funding auspices, and Head Start encourages such arrangements.

9. *Ten Peracent Handicapped Enrollment by State* - Head Start's objective is to achieve at least 10 percent enrollment of handicapped children by state and to provide the special services necessary to meet the children's needs. Primary responsibility for assuring that at least 10 percent of Head Start enrollment opportunities within each state are available to handicapped children is placed at the ACYF Regional Office level. The Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

Chapter 2
Status of Handicapped Children in Head Start

The Head Start, Economic Opportunity, and Community Partnership Act of 1974 requires that *"the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."*

The data contained in this report were obtained through the 1978 Survey of Head Start Handicapped Efforts conducted for the Administration for Children, Youth and Families (ACYF), Division of Research, Demonstration and Evaluation by Informatics, Inc. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The 1978 survey questionnaires were mailed to all Head Start grantees and delegate agencies in March 1978. Head Start programs responded on the status of handicapped children as of April-May, 1978. (A similar survey was conducted of Summer 1977 Head Start programs. Data on these programs are presented in Chapter 3.)

Information on the evaluation of the process of mainstreaming of handicapped children into Project Head Start conducted for ACYF by Applied Management Sciences, Inc., is discussed in Chapter 4.

Unless otherwise stated, the data in this report refer to those Full Year Head Start grantees and delegates that respond to the mail survey. Of a total of 1,663 questionnaires mailed to Head Start full year programs, 1,557 were completed and returned, representing a total of 1,581 programs for a final response rate of 95 percent. This is the highest response rate achieved since the beginning of this annual survey, and provides highly reliable data.

The mail-out survey was organized into five major sections:

1. *General Information* - Data on both handicapped and nonhandicapped children, including enrollment rates by home-based and center-based options, number of centers and classes, number of programs with home-based options, enrollment of handicapped children by age, and outreach activities.

2. *Staffing* - Number and type of staff and volunteers.

3. *Staff Training* - Preservice and inservice training, including number of participants, hours of participation, topics, providers of training, and additional training needs and their approximate cost.

4. *Physical Facilities, Equipment, and Materials* - Modification requirements for handicapped children, special transportation acquired and needed.

5. *Enrollment of Handicapped Children Professionally Diagnosed at the Time of the Survey and the Services Provided* - Data reported by each of the handicap categories on numbers enrolled, ages of children, sources of diagnosis, levels of assistance required, multiple handicaps, and services received (special services from other agencies, educational or related services in the classroom, services to parents).

Information concerning diagnoses and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment (communication disorder), health impairment, mental retardation, serious emotional disturbance, and specific learning disabilities.

Special telephone interviews were conducted in July 1978, with a selected sample of 10 percent of the nonrespondent Full Year programs to obtain a profile of the nonrespondents in comparison to the respondents. The data from the telephone interviews substantiate the findings from the survey as representative of all Head Start programs.

A telephone validation survey was conducted with a 10 percent sample of those full year respondents for whom questionnaires were considered error free. The 68 programs were randomly sampled by region and state for this validation survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent sources.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Many of these children have not been served in the past because there simply were not enough facilities or qualified staff available. Although Head Start, with its current enrollment level, cannot meet the needs of all of these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have risen steadily since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.*

—Children professionally diagnosed as handicapped accounted for 13.4 percent of total enrollment in full year programs.

There were 38,121 handicapped children served in reporting Head Start programs in 1978. The enrollment in last year's reporting programs was 36,133.

—In 49 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in full year programs.

With the exception of one state (Hawaii, with an enrollment of 9.5 percent), the minimum enrollment requirement has been implemented. Three years ago, almost half (23 states) failed to achieve the minimum; two years ago, five states fell short of

*The Survey of Income and Education conducted by the Bureau of Census for the Office of Education, 1976 reported that the number of children in poverty in the age group 3-5 is 1,900,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent or 190,000 of these children are handicapped.

the 10 percent target; and last year California, with an enrollment of 8.9 percent, failed to achieve the 10 percent level.

Other geographic entities reported the following proportion of enrollment of handicapped children: Guam, 11.1 percent; Puerto Rico, 14.8 percent; District of Columbia, 7.5 percent; Virgin Islands, 1.5 percent; and the Trust Territories of the Pacific Islands, 7.2 percent. Indian programs reported 11.9 percent handicapped children enrolled, and Migrant programs, 4.9 percent. (Appendix A provides enrollment data for each state or geographic entity.)

—98 percent of the full year Head Start programs served at least one handicapped child.

This proportion of programs enrolling at least one handicapped child has increased steadily from 88 percent in 1975 to 95 percent in 1976, to 97 percent last year, to the current 98 percent participation at the program level.

Additionally, 90.7 percent of all Head Start centers and 82.3 percent of all Head Start classes served at least one handicapped child in 1978.

Data collected for the first time in the 1978 survey indicate that 5.7 percent (2,180) of the handicapped children in Head Start were served in the home-based option. However, 59.2 percent of the children (1,290) attended a Head Start Center at least once a week. Additionally, 547 handicapped children who were in the home-based option last year were in the center-based option this year. This is an indication that the home-based option is being utilized appropriately, as a transition and supplement to the center-based mainstreaming situation, rather than as a substitute for it.

Of the 38,121 handicapped children served by reporting Head Start programs, 1.6 percent were under 3 years of age, 16.6 percent were 3 years old, 54.9 percent were 4 years old, and 25.1 percent were 5 years old or older.

—76 percent of Head Start programs have enrolled at least 10 percent handicapped children.

In 1976, 66 percent and in 1977, 70 percent of Head Start programs enrolled at least 10 percent handicapped children. During the current survey year, three of every four Head Start programs had achieved the benchmark of 10 percent handicapped children.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or children with specific learning disabilities who require special education and related services."

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Table 1 and Figure 1 as a proportion of the total population of handicapped children in full year Head Start programs that responded to the survey. Of the handicapped children enrolled in Head Start, 52.7 percent have been diagnosed as speech impaired, an increase over the 50 percent reported in the

previous full year survey. This is consistent with national estimates of children requiring special assistance in speech and language development (see Figure 2).

Table 1

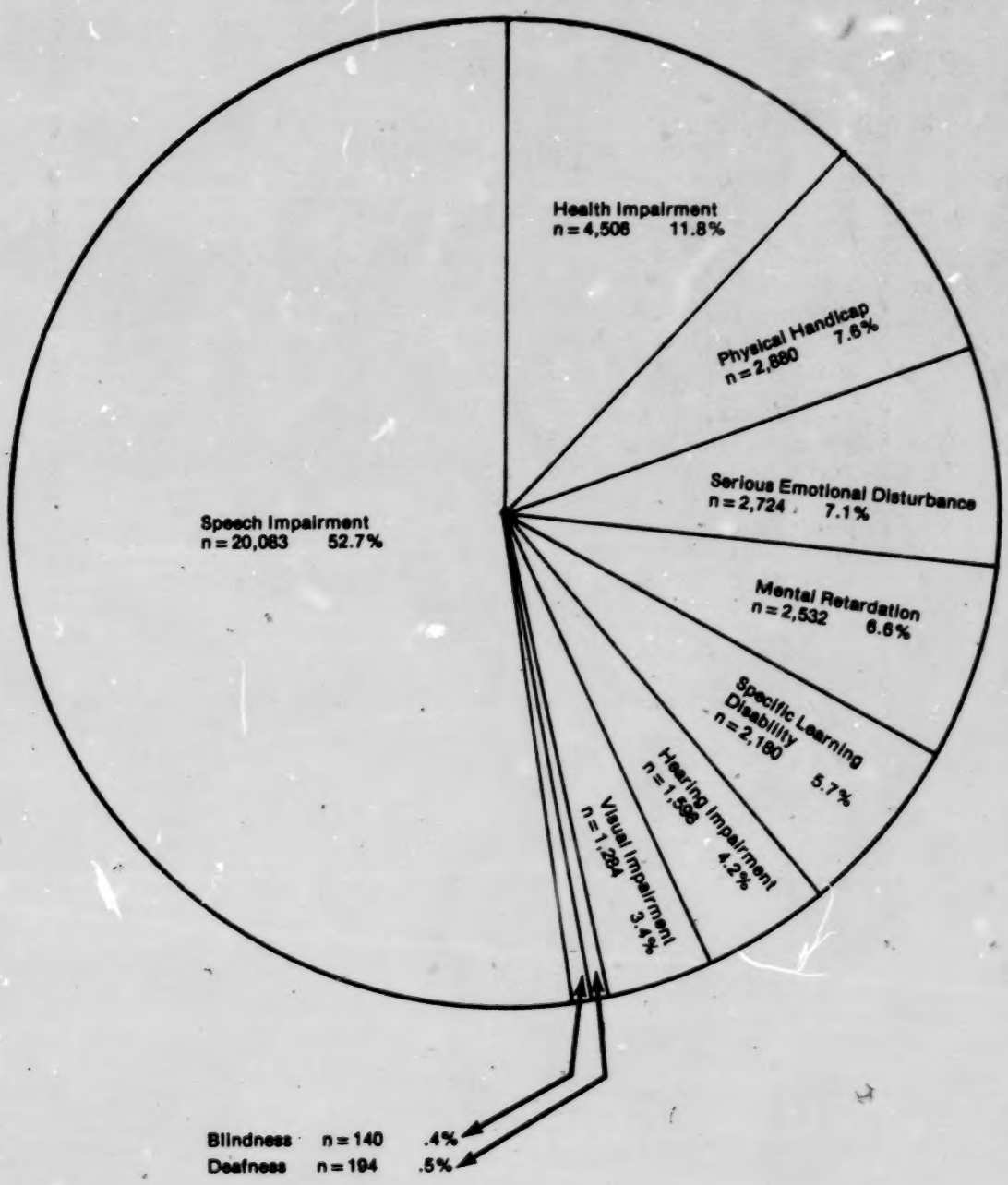
Types of Handicapping Conditions of Children Being Served by Full Year Head Start Programs

Handicapping Condition	Number	Percent of Total Number of Children Professionally Diagnosed as Handicapped
Speech Impairment	20,083	52.7
Health Impairment	4,506	11.8
Physical Handicap	2,880	7.6
Serious Emotional Disturbance	2,724	7.1
Mental Retardation	2,532	6.6
Specific Learning Disability	2,180	5.7
Hearing Impairment	1,598	4.2
Visual Impairment	1,284	3.4
Deafness	194	.5
Blindness	140	.4
TOTAL	38,121	100.0

Figure 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITIONS OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

APRIL- MAY 1978

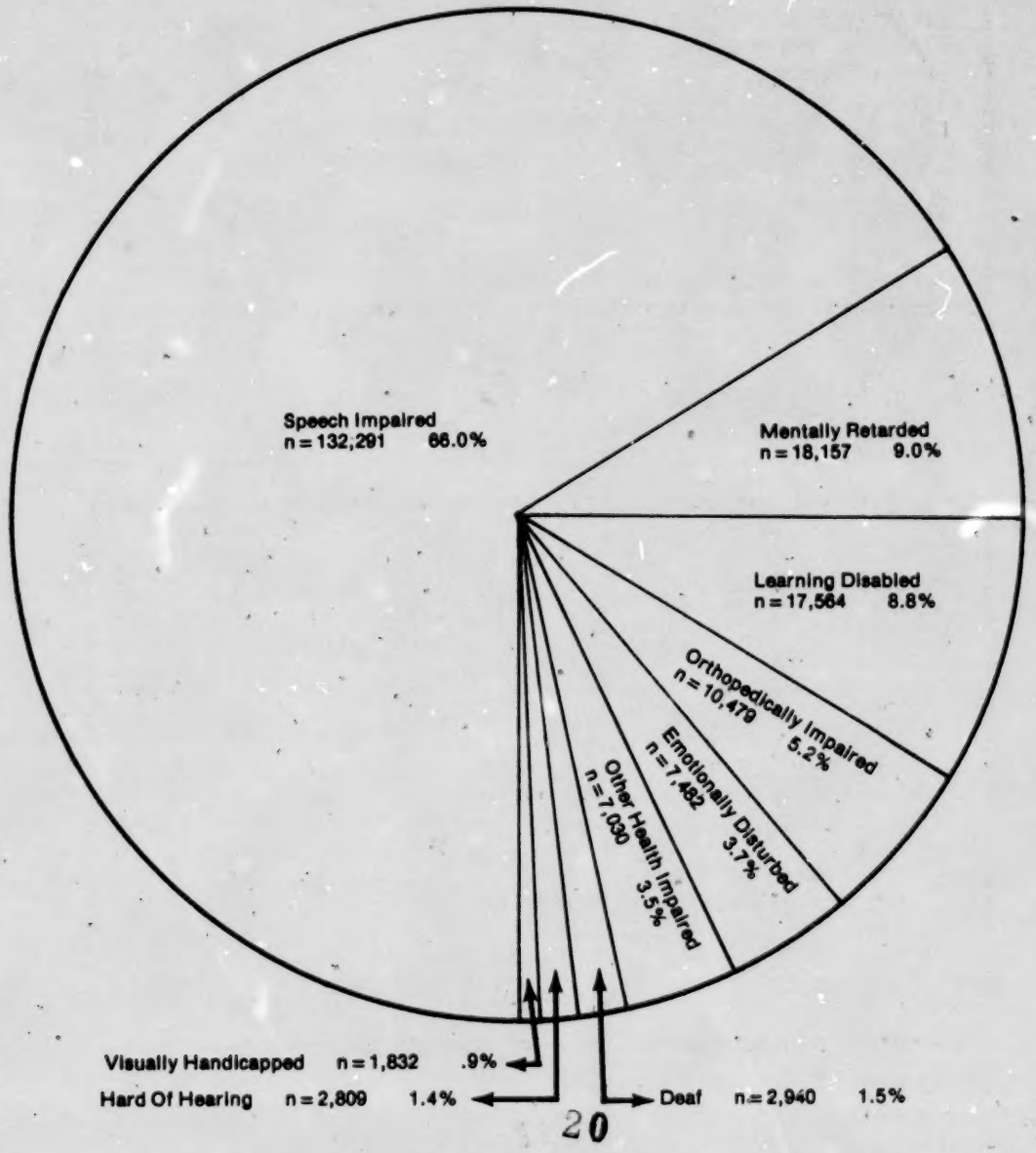


(Total Number = 38,121)

Figure 2

HANDICAPPING CONDITIONS OF HANDICAPPED CHILDREN AGES 3 - 5 SERVED AS REPORTED BY STATE EDUCATION AGENCIES*

*Source: Data from the Bureau of Education for the Handicapped, U.S. Office of Education. The data were reported by State Education Agencies as child count figures for 3-5 year old children served as a result of P.L. 94-142. The figures represent an average of the child count in October, 1977, and February, 1978.



Note: The visually handicapped category includes blind children.

A primary specific handicapping condition was reported for 19,221 of the 20,083 speech impaired children enrolled in Full Year Head Start programs. The data are presented in Table 2.

Table 2

Primary Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Severe Articulation Difficulties	44.4
Expressive or Receptive Language Disorders	38.8
Severe Stuttering	3.0
Voice Disorders	3.0
Cleft Palate	2.0
Other Speech Disorders	4.4
Not Reported	4.3
TOTAL	100.0

A primary specific handicapping condition was reported for 4,273 of the 4,506 health impaired children enrolled in Full Year Head Start programs. The data are presented in Table 3.

Table 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Epilepsy/Convulsive Disorders	16.5
Respiratory Disorders	14.1
Blood Disorders (e.g., Sickle cell disease, hemophilia, leukemia)	13.2
Heart/Cardiac Disorders	12.7
Severe Allergies	9.8
Brain Damage/Neurological Disorders	8.8
Diabetes	1.7
Other Disorders	18.1
Not Reported	5.2
TOTAL	100.0

A careful review of the current category, "health impairment", indicates that the inclusion of severe malnutrition is inconsistent with other conditions so cited. While the diagnosis and treatment of severe malnutrition is of concern, data do not support specific classification of this condition as a handicap, except where detailed criteria are defined. Thus, malnutrition will be deleted from the health impairment category in future reports, and will be dealt with as a part of the overall health services reporting and evaluation. Data collected on specific handicapping categories of health impairment in the survey included malnutrition. However, for the reason stated, malnutrition has been included under the category "Other Disorders" in this report.

A primary specific handicapping condition was reported for 2,758 of the 2,880 physically handicapped children. The data are presented in Table 4.

Table 4

Specific Handicapping Conditions of Children Professionally Diagnosed as Physically Handicapped [Orthopedically Handicapped]

Specific Conditions	Percentage of Total
Orthopedic Impairment	27.7
Cerebral Palsy	22.0
Congenital Anomalies	12.0
Deformed Limb	7.6
Bone Defect	5.2
Spina Bifida	5.2
Cripple	3.0
Absence of Limb	2.5
Severe Scoliosis	1.2
Other	8.5
Not Reported	4.2
TOTAL	100.0

A primary specific handicapping condition was reported for 2,067 of the 2,180 specific learning disabled children. The data are presented in Table 5.

Table 5

Specific Handicapping Conditions of Children Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percentage of Total
Motor Handicaps	22.3
Perceptual Handicap	21.2
Sequencing & Memory	18.2
Minimal Brain Dysfunction	11.7
Hyperkinetic Behavior	11.3
Developmental Aphasia	4.8
Dyslexia	1.5
Other	3.7
Not Reported	5.2
TOTAL	100.0

There were 1,419 (91.1 percent) of the programs which enrolled at least one child who was speech impaired; 60 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 57.6 percent; mental retardation, 48.4 percent; serious emotional disturbance, 46.6 percent; visual impairment, 35.1 percent; specific learning disability, 34.9 percent; hearing impairment, 34.8 percent; deafness, 8.9 percent; and blindness, 7.9 percent.

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping conditions and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

—10,552 or 28 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions.

Analysis by type of handicap is revealing. Compared to other handicapping conditions, mentally retarded children show the highest incidence of multiple handicap (67.5 percent) and deaf children the next highest (64.4 percent).

Table 6 provides specific data on the number of children who have multiple handicapping conditions.

Table 6

Distribution of Number of Children By Primary Or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapping Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One Or More Other Conditions
Mental Retardation	2,532	1,708	67.5
Deafness	194	125	64.4
Hearing Impairment	1,598	769	48.1
Specific Learning Disability	2,180	1,026	47.1
Physical Handicap	2,880	1,095	38.0
Serious Emotional Disturbance	2,724	1,005	36.9
Blindness	140	47	33.6
Health Impairment	4,506	1,207	26.8
Visual Impairment	1,284	330	25.7
Speech Impairment	20,083	3,240	16.1
TOTAL	38,121	10,552	27.7

Finally, 19 percent of the handicapped children served required almost constant special assistance, 45 percent a fair amount of assistance, and 34.8 percent little or some assistance.

Chapter 3
Services To Handicapped Children

Local Head Start programs developed and carried out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services and technical assistance. This chapter reports on the degree to which these activities and services are being performed, and the need for additional staff, facilities, and other capabilities to continue to meet the needs.

A. Outreach and Recruitment

Of the programs responding, 93.9 percent reported special efforts to locate and recruit handicapped children. The proportion of programs reporting these special outreach efforts is slightly lower than reported in 1977 (96 percent) and an increase over 1975 (78 percent) and 1976 (92 percent).

A wide variety of sources were used by Head Start programs for outreach and recruitment. Most common among these were referrals by welfare agencies (76.6 percent), former Head Start parents (7[illegible] percent), parents of Head Start siblings (75.5 percent), public health departments (73.9 percent), local school systems (69.9 percent), and newspaper articles (62.1 percent). More than half of the programs also used door-to-door canvassing, other agencies, radio/television announcements, and letters.

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Of the reporting programs, 567 (36.4 percent) reported 2,455 handicapped children that they were not able to enroll. Table 7 indicates the reasons why these children could not be enrolled. Most common among these reasons were: children's family did not meet income guidelines, other agencies serve these children, they did not meet age guidelines, and no openings were available.

Four handicapping conditions accounted for three-fourths of the children not enrolled. Speech impaired children comprised 31.9 percent of all children not enrolled; mentally retarded children, 16.3 percent; physically handicapped, 13.8 percent; and health impaired, 11.3 percent.

For children who could not be enrolled, Head Start programs followed through to provide an alternative. Of the programs which could not enroll one or more handicapped children, 75 percent referred these children to other agencies.

Table 7

Rank Ordering of Reported Reasons Why Some Handicapped Children Located By or Referred To Full Year Head Start Programs Were Not Enrolled

Reasons for Not Enrolling Some Handicapped Children	Number of Programs	Percent of Reporting Programs
Child's family didn't meet income guidelines	170	30.0
Other agencies already serving child	169	29.8
Did not fit age requirement	158	27.9
No available openings	142	25.0
Child's handicap was too severe for him to benefit	124	21.9
Child's parents refused	119	21.0
Lack of Transportation	119	21.0
Other	116	20.5

B. Diagnosis and Assessment of Handicapped Children

Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." This definition excludes children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by an appropriate professional. At the time of the survey, 38,121 or 13.4 percent of all the children enrolled in reporting Head Start programs had been diagnosed as handicapped by qualified professionals.

Of the 38,121 children, 27 percent had been diagnosed by Head Start professionals (including consultants), 24.5 percent by a public agency professional, 21.2 percent by private physicians, 16 percent by a Head Start diagnostic team (including consultants), and 10.8 percent by a public agency diagnostic team. Thus, the emphasis on Head Start participation in diagnosis of handicapped children is reflected in the evidence that 43 percent of all children were diagnosed by Head Start personnel or designated consultants. Of the 38,121 children, 18.9 percent had been referred by other agencies/individuals, and diagnosed prior to Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: *An interdisciplinary diagnostic team* (or an appropriate professional qualified to diagnose the specific handicap) uses the Head Start diagnostic criteria to make a categorical diagnosis solely for reporting purposes. Head Start programs must follow procedures to insure confidentiality and guard against mislabeling. No individual child is identified publicly as "handicapped." Only the numbers of children with specific handicapping conditions are reported by local Head Start programs to the Administration for Children, Youth and Families.

Step 2: The diagnostic team develops a *functional assessment* of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and the child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: *An individualized program plan* is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: *Ongoing assessment* of the child's progress is made by the Head Start teacher, the parents, and as needed, by the diagnostic team. The individualized program plan and the delivery of services is modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements of *continuity* of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for

future treatment, (2) an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transfer of files with parental consent. Public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

ACYF has designed a teacher training program dealing with screening, assessment, diagnosis, and designing of individualized plans for all children. Resource Access Projects will be conducting the training during FY 1979.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services-medical, dental, nutritional, social services, mental health, and parent participation-tailored to the specific capabilities of each child. In addition, handicapped children receive special education therapy, or other services, either within Head Start or as provided by other agencies. Parents of handicapped children receive training, counseling, and support to help manage their handicapped child.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children early can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Integrated preschool programs give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capacities.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who for a variety of reasons do better in segregated classes or home-based programs. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped

peer group. For the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstream classroom setting.

Others benefit from a flexible approach and may spend part of the week in a special program and part in an integrated program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences on a systematic basis. In 1978, 98 percent of the Head Start programs that responded to the survey had enrolled at least one handicapped child, an increase over the 97 percent of programs so reporting last year. Moreover, the survey showed that handicapped children were present in 90.7 percent of all centers, and 82.3 percent of all classrooms. Both figures represent a slight decrease compared to 1977, but an increase over 1976 levels.

Special Services - Handicapped children have special needs which may require special services, equipment and materials, and modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1976, 1977, and 1978 by reporting Head Start programs.

Table 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1978	1977	1976
Total number of children who are receiving special educational or related services in the classroom from Head Start staff	27,053	19,070	16,828
Total number of children who are receiving special services from other agencies	19,656	17,289	14,940
Total number of parents receiving special services from Head Start related to their child's handicap	25,070	18,132	12,803

In each category of special services, there was a remarkable increase in the munber of children or parents reported served. The number of children receiving special educational or related services jumped 41.9 percent from 19,070 to 27,053 for reporting Head Start programs. The continued emphasis on mainstreaming handicapped children by providing these services in the Head Start classroom is reflected in these data. The total number of children receiving special services from other agencies also increased, although not as dramatically as the special educational services in Head Start. Children served by other agencies increased 13.7 percent from 17,289 in 1977, to 19,656 in 1978. Finally, the number of parents receiving special services increased dramatically from 1977 to 1978. Since 1977, the number of parents provided special services by Head Start rose 38 percent from 18,132 to 25,070 parents. Even more noteworthy is that since 1976, the number of parents provided special services has doubled in reporting Head Start programs.

Head Start programs provide many special educational and related services to handicapped children. These services range from individualized instruction to counseling for parents, psychological and physical therapy. The proportion of programs providing these services varies by type of handicap and type of special services.

All percentages reported for individual handicapping conditions represent the proportions only of those programs which had children with the handicapping condition being reported on. The services provided in the general order of percentage of programs reporting these services are as follows: individualized teaching techniques; speech therapy, language stimulation; transportation; special teaching equipment; psychotherapy, counseling, behavior management; education in diet, food, health, and nutrition; physical therapy, physiotherapy; and occupational therapy.

Proportions of programs providing individualized instruction ranged from 49.7 percent for health impaired children to 82.1 percent for mentally retarded children. More than three fourths of the programs provided individualized instruction for seriously emotionally disturbed children and children with specific learning disabilities. While 20.5 percent of the programs provided speech therapy and language stimulation to visually impaired children, 72.3 percent provided it to speech impaired children. Transportation service was provided with a high level of frequency, ranging from 20.1 percent for visually impaired children to 36.9 percent for mentally retarded children. The use of special teaching equipment to meet the special needs of each handicapped child was also frequently reported. It was used in 44.7 percent of the programs for blind children, 37.2 percent for mentally retarded children, and in 14 to 28 percent of the programs for children with other handicapping conditions. Psychotherapy, counseling, or behavior management was provided most commonly to children with serious emotional disturbance (49.5 percent), children who were mentally retarded (39.6 percent), and children with specific learning disabilities (31.1 percent).

Education in diet, food, nutrition, and health was most frequently given to health impaired children (31.5 percent), but also given fairly frequently to blind children (18.7 percent) and mentally retarded children (16.5 percent). Physical therapy (20.2 percent) and occupational therapy (9.2 percent), of course, were most commonly provided to physically handicapped children.

Full data on all special educational or related services provided by Head Start staff by handicapping condition appear in Appendix B.

Head Start also received services for handicapped children in their program from other agencies. Generally, speech therapy; medical diagnosis, evaluation, and testing; and medical treatment were the most commonly reported services received by the programs. Following in order of frequency of reporting were assistance in obtaining special services; psychotherapy, counseling, and behavior management; special equipment for the child; transportation; physical therapy; special teaching equipment; education in diet, etc.; and occupational therapy.

Speech therapy and language stimulation was most frequently received from other agencies by programs serving speech impaired children (63.5 percent of the programs). As well, 58 percent of the programs serving deaf children, 47.8 percent serving mentally retarded children, and 41.5 percent serving hearing impaired children received speech therapy and language stimulation therapy from other agencies.

The proportion of programs reporting that they served children in the appropriate handicapping condition categories which received medical diagnosis, evaluation, and testing services from other agencies ranged from 50 percent for health impaired children, to 26.5 percent for visually impaired children. Medical treatment was received from other agencies most commonly for children who were health impaired (63.1 percent of the programs), and children who were physically handicapped (54.5 percent).

Assistance in obtaining special services was most commonly received for blind children (40.6 percent) and psychotherapy, counseling, behavior management for seriously emotionally disturbed children (53.1 percent). Special equipment for the child was received in the greatest proportion by programs serving physically handicapped children (52.2 percent), while special teaching equipment was received by the largest proportion of programs serving blind children (40 percent). The highest proportion of programs receiving transportation services from other agencies was for those serving deaf children (26.8 percent). Education in diet, food, nutrition, and health was most commonly received for health impaired children (25.6 percent). Physical therapy (52.9 percent) and occupational therapy (17.9 percent) were most commonly provided to physically handicapped children.

Appendix C provides full data on the special services received from other agencies by handicapping children.

As well, Head Start provided numerous services to parents of handicapped children. The services provided, in the general order of percentage of programs reporting the provision of these services to parents, are as follows: counseling; referrals to other agencies; visits to homes, hospitals, etc.; inservice meetings; parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Counseling was provided to parents by more than half of the programs serving children with the following handicapping conditions: serious emotional disturbance (66.2 percent of the programs); mental retardation (62.6 percent); specific learning disability (61.9 percent); speech impairment (53.9 percent); deafness (50.7 percent); and physical handicap (50.1 percent). Referrals to other agencies were provided to parents of mentally retarded children by three-fifths of the programs serving mentally retarded children, and by about half of the programs serving children with the following handicapping conditions: specific learning disability; serious emotional

disturbance; deafness; and physical handicap. In-service meetings and such were provided to parents by about 40 percent of the programs serving children with the handicapping conditions of mental retardation, specific learning disability, serious emotional disturbance, speech impairment, and blindness. Parent meetings were most commonly provided to parents of blind children (43.1 percent of the programs); transportation to parents of deaf children (44.2 percent); literature and special teaching equipment to parents of speech impaired children (38.8 percent); workshops to parents of mentally retarded children (26.2 percent); and medical assistance to parents of health impaired children (27.6 percent).

Full data on services to parents of handicapped children in Head Start are reported in Appendix D.

An increasing number of programs have designated an individual to coordinate services to handicapped children. In 1978, 92.4 percent of the programs had a coordinator of services for handicapped children compared to 89.4 percent in 1977, and 82.0 percent in 1976. Additionally, 64.4 percent of the programs reported that the coordinator was full time.

Those Head Start programs that responded to the survey also made modifications in their physical facilities in order to meet the needs of handicapped children. The survey showed that 256 of the programs required special modifications in their physical facilities to meet the needs of handicapped children. Of these 256 programs, 47.3 percent had made the modifications and 24.2 percent had modifications scheduled. Another 28.5 percent stated that modifications were still required, in addition to those made or scheduled to be made.

In order to meet the needs of handicapped children, 909 programs (58.3 percent) had acquired or were acquiring special equipment or materials. Two hundred and fifty six programs indicated that special transportation equipment was needed to serve the handicapped children in their program. Half of these programs had acquired this equipment.

D. Training and Technical Assistance

If Head Start programs are to insure appropriate and high quality educational and developmental experiences for handicapped children, staff capability to work with handicapped children is critical. Indeed, the quality of Head Start services to handicapped children hinges on such staff capability. Therefore, priority has been given to staff training with emphasis on teachers, aides and the health services coordinator. Seventy-seven percent of the programs reported that preservice training had been provided to current staff, and 90.9 percent of the programs had provided inservice training to current staff. However, 80.9 percent of the programs reported that staff would require further preservice training and 82.4 percent, further inservice training.

—About half of the programs that responded to the survey provided training in the areas of child development; recognition of handicapping conditions; techniques of screening/diagnosis/assessment; special education curricula; integration of the handicapped child; and working with parents.

—About one third of the programs provided training in the areas of health and medical needs, psychological problems, staff attitudes and sensitivity,

resource identification, special education laws and regulations, and speech and language.

Programs also reported on the average number of preservice and inservice training hours. For preservice training 53.9 percent of the programs reported an average of 1-9 hours; 32.5 percent reported an average of 10-29 hours and 13.0 percent reported 30 or more hours. For inservice training 40.9 percent reported an average of 1-9 hours; 39.7 percent an average of 10-29 hours; and 19.1 percent reported 30 or more hours of training.

Of the 1,557 Head Start programs, 63.6 percent reported that the local Head Start program, cluster or consortium, had provided preservice training. Other providers of preservice training included private consultants (27.8 percent); HEW/ACYF contractors (20.0 percent); special purpose agencies (19.0 percent); other universities and colleges (16.4 percent); and Resource Access Projects (16.0 percent). Almost three-fourths of the programs reported the local Head Start programs, cluster, or consortium provided inservice training (74.7 percent). Others providing inservice training included private consultants (38.5 percent); Resource Access Projects (25.9 percent); HEW/ACYF contractors (25.7 percent); special purpose agencies (25.3 percent); and other universities and colleges (22.9 percent).

Programs further reported that 30,250 staff members had participated in preservice training and 33,884 had participated in inservice training.

Of the reporting programs, 1,062 (68.2 percent) received technical assistance from other agencies for planning or implementing training about handicapped children. Of the programs, 449 indicated that the technical assistance received was sufficient for their needs (28.8 percent of all programs). However, 613 indicated that additional assistance would have been helpful (39.4 percent of all programs).

At the same time, 486 programs (31.2 percent) received no technical assistance for planning training. Of these programs, 237 indicated that no assistance was needed (15.2 percent of all programs), and 249 indicated that technical assistance would have been helpful(16.0 percent of all programs). The agencies or organizations which provided the training included the Resource Access Projects (27.4 percent of all programs), HEW/ACYF contractors (26.4 percent), private consultants (26.0 percent), and special purpose agencies (24.9 percent).

Finally, programs estimated the cost of providing the additional training needed. The average across those programs providing the estimate was $1,960 per program.

Among reporting programs, 1,032 (66.3 percent) hired additional staff with Head Start supplemental funds earmarked to provide special assistance to handicapped children. These programs reported hiring 565 full time teaching staff, 509 part time teaching staff, 474 full time specialist staff, and 1,763 part time specialist staff (a total of 3,311 Staff).

In addition to the staff hired from supplemental funds, Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. Furthermore, 757 (48.6 percent) of the programs arranged for 5,508 additional volunteers to provide special assistance to handicapped children and 671 (43.1 percent) utilized 2,299 additional staff from outside agencies. Of the volunteers which were utilized, 54.7 percent worked 1-9 hours per week; 19 percent,

10-19 hours per week; 14.7 percent, 20-29 hours per week; and 11.6 percent, 30 or more hours per week.

Resource Access Projects [RAPs]. Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming children with exceptional needs in a setting with nonhandicapped youngsters.

Head Start's effort to serve exceptional children, including the severely handicapped, has placed an increased responsibility on grantees to locate and to provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Administration for Children, Youth and Families (ACYF) has established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

It is the responsibility of each RAP to:

—Identify local, regional, and national resources;

—Determine local Head Start needs and match these needs with available resources;

—Coordinate the delivery of services to Head Start programs;

—Provide training and technical assistance;

—Promote and facilitate collaborative efforts between Head Start and other agencies;

—Provide resource materials to Head Start grantees.

Currently, the RAPs have responsibility for providing training designed to introduce the eight resource manuals which focus on "Mainstreaming in Head Start." The Resource Access Projects will not only be responsible for conducting a minimum of one workshop per state, which will serve as a forum for the training of Head Start teachers, but ACYF has designated the RAP network as the mechanism for dissemination of the manuals on mainstreaming.

ACYF has funded a new RAP for Hawaii and the Trust Territories. Hawaii and the Trust Territories were previously served by the RAP in California. Due to the geographic distance and specific cultural differences, ACYF has funded a BEH project that has staff experienced in working with preschool handicapped children in Hawaii and the Trust Territories.

The list of 15 RAPs in the network is provided in Table B.

Program Manuals on Handicapping Conditions Completed - Mainstreaming handicapped children into classrooms with nonhandicapped children has become a reality for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. To meet this need ACYF has developed eight manuals on specific handicapping conditions.

Table B

DHEW Region	States Served	Resource Access Project [RAP]
I	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. Newton, MA 02160
II	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Keyser, West Virginia 26726
IV	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Chapel Hill, N.C. 27514
	Kentucky Tennessee Alabama	The Urban Observatory Nashville, Tennessee 37212
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project Portage, Wisconsin 53901
VI	Texas Louisiana Oklahoma Arkansas New Mexico	Texas Tech. University Lubbock, Texas 79409

Table B - Continued on page 34

VII	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103
VIII	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Denver, Colorado 80231
IX	California Arizona Nevada	Child, Youth and Family Services Los Angeles, California 90057
	Pacific Trust Territories and Hawaii	University of Hawaii Honolulu, Hi. 96822
X	Washington Oregon Idaho	University of Washington Experimental Education Unit Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children & Adults Anchorage, Alaska 99501

The manuals were written for teachers, parents, and others, such as diagnosticians and therapists, who work with handicapped children. These provide some good ideas for helping handicapped children learn and feel good about themselves, and answer many questions, including:

- What is mainstreaming?
- How does a specific handicap affect learning in three to five year olds?
- How can you design an individualized program for a specific handicapping condition?
- What activities are especially useful for children with a specific handicapping condition?
- How can parents help their handicapped child?
- Where can you go to seek help-people, places, and information?

The series was developed through extensive collaboration with many persons and organizations. Under a national contract, teams of national experts and Head Start

teachers came together to develop each of the manuals. At the same time, the major national, professional, and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons--the Bureau of Education for the Handicapped; the President's Committee on Mental Retardation; the Office of Developmental Disabilities; the National Institute of Mental Health; the Office of Handicapped Individuals; National Institute of Child Health and Human Development/National Institutes of Health; and Medicaid Early and Periodic Screening, Diagnosis, and Treatment--also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that the series will be helpful to a variety of people beyond the Head Start community--in public schools, day care centers, nursery schools, and other child care programs--who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years. The information in the series is also useful for working with all preschool children, nonhandicapped as well as handicapped.

The Resource Access Projects have the responsibility for providing training to Head Start teachers. ACYF is planning on training one-third of the Head Start teachers in FY 1979 on the use of these manuals.

E. Parents

Head Start is based on the assumption that parents and staff must work closely together. The gains made by a child in the program must be understood and built upon by the family. Head Start provides for the involvement of the child's parents and other members of the family in the experiences of the child in the Head Start center by furnishing them with many opportunities for participation and involvement in discussions concerning their child. In addition, parents of handicapped children are trained to participate with their child in activities that will foster development and learning. They are also afforded special support to work through feelings associated with the child and the child's handicap and their own worth as parents.

Parent involvement is not limited to center-based Head Start programs. Head Start's home-based option of delivery of developmental services may be appropriate to the special needs of certain handicapped children and their families. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based experience can provide the necessary bridge between the family and a nonhandicapped peer group. The home-based approach involves home visitors who are trained to work with parents in child development activities and to build parents' knowledge about child development, parenting skills and techniques of working with their handicapped child. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible. The home-based setting is seen for the handicapped child as a supplement, not a substitute, for the mainstream classroom setting.

Head Start programs responding to the survey reported a number of special services provided to parents of handicapped children, including counseling, referrals to other agencies, special classes, provision of special literature or teaching materials, group discussion sessions, and transportation assistance.

F. Working with Other Agencies

Head Start and other agencies and organizations concerned with handicapped children must coordinate efforts if they are to make maximum use of their limited individual resources.

In June 1978, the Administration for Children, Youth and Families and the Bureau of Education for the Handicapped, signed an interagency agreement on Head Start Participation in the Implementation of P.L. 94-142. In 1975, ACYF (then OCD) and BEH put out a joint announcement urging Head Start personnel and state agencies to collaborate in planning for and serving the handicapped children in their jurisdiction.

Since that joint announcement was issued P.L. 94-142, the Education for All Handicapped Children Act, was enacted. This legislation requires that the states insure that a free appropriate public education be made available to all handicapped children within specified ages and timelines. The state is further required to identify, locate, and evaluate all handicapped children and to develop individualized plans for the education and placement of these children in the least restrictive environment possible. State education agencies must submit an annual plan to the Office of Education. These plans must describe how the state will insure the provision of a free appropriate public education to all handicapped children from three to eighteen years of age (ages 3, 4, and 5 are exempted if it would be inconsistent with state law, or public or court order).

The new joint announcement urged Head Start personnel to work closely with their Resource Access Projects (RAPs) to insure that state or local education agency representatives are aware of the number of children professionally diagnosed as handicapped within their jurisdictions.

The joint agreement went on to state that cooperation between state and local education agencies and Head Start is a priority effort of both the Bureau of Education for the Handicapped (BEH) and the Administration for Children, Youth and Families (ACYF) in order to assure handicapped individuals of full opportunities under their respective programs. In support of this priority ACYF and BEH have supported Resource Access Projects which are mandated to assist Head Start projects and state or local education agencies in developing cooperative activities. For additional information regarding state plans for the implementation of P.L. 94-142, Head Start personnel should contact their Resource Access Project.

State or local education personnel should contact the appropriate Resource Access Project to determine how they can involve Head Start in their efforts to provide all handicapped children with a free appropriate public education and to develop cooperative arrangements for outreach and recruitment activities between local education agencies and Head Start grantees.

The Resource Access Projects will analyze the state plans submitted to the U.S. Office of Education to insure Head Start participation in each plan.

Current Local Efforts - Programs that responded to the 1978 survey reported working with other agencies in several ways. Of the 38,121 handicapped children enrolled in the programs, 9,521 (25 percent) had been referred to Head Start by other agencies/individuals including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations; 18.9 percent were referred and professionally diagnosed prior to Head Start.

Sixty-eight percent of the programs had received technical assistance from special purpose agencies in planning or implementing their training about handicapped children.

Fifty-two percent of the children received special services from other agencies. These services included occupational and physical therapy, other therapy related to the child's specific handicapping condition, and special health services.

Forty-three percent of the programs utilized 2,299 additional staff from outside agencies to provide special assistance for handicapped children.

Education for All Handicapped Children Act of 1975, P.L. 94-142 - With the sizable increase of services to the handicapped, Head Start personnel serve as advocates for the optimal transition of handicapped Head Start youngsters into the public schools, where the ultimate responsibility for the implementation of P.L. 94-142 is placed. Head Start programs have been declared eligible for the financial benefits of Public Law 94-142 in many states.

The provisions of Public Law 94-142 are analogous to the HEW design of comprehensive services which have been outlined by Head Start Performance Standards. An analysis of the elements of the law reveals significant similarities in the provisions of Public Law 94-142 and the mandates to Head Start.

Head Start policy reflects the concerns of P.L. 94-142 and Regulation 504 which prohibit the use of testing instruments or procedures which may penalize children with sensory impairment or youngsters with different language or ethnic backgrounds. The use of functional, developmentally-based assessment tools is encouraged. Head Start personnel draw upon several diagnostic instruments for use in developing appropriate individual educational plans.

Enrollment in Head Start's early childhood program of comprehensive services assures the handicapped child of an environment which includes a cross-section of children with varying abilities, needs, and talents. Public Law 94-142's criterion of a setting "which is as normal as appropriate" means that Head Start may be the educational environment of choice for some handicapped children.

Head Start requires individualized comprehensive plans for all children, including those with handicaps. Consistent with the requirements of P.L. 94-142, the written objectives for each Head Start child must include on-going assessment and parent involvement. In order to facilitate the optimal transition to public school, Head Start personnel are encouraged to make themselves familiar with the Individualized Educational Program (I.E.P.) format used in their local public school system.

Head Start's commitment to optimal family involvement has served as an exemplary model for early childhood development. The Public Law 94-142 requirement for family involvement in the public school educational services to the handicapped (including participation in the I.E.P.) reflects a basic tenet of Head Start philosophy and practice.

According to P.L. 94-142, an important correlate to the individualization of each child's educational plan is the provision of related services such as transportation, developmental, corrective, or supportive services. Head Start's program of comprehensive services reflects the intent of this element of the law.

According to P.L. 94-142, all states are required to include due process procedures which are intended to assure parents their rights and to minimize the time lag that has discouraged parents or guardians who have contested educational issues. Head Start social services/parent involvement activities are designed to provide support for families who may need assistance in exercising their rights. It is essential that these Head Start staff members acquire the knowledge and skills needed for effective advocacy for the handicapped.

Each state is required to implement a plan of "Child Find" which is designed to locate all handicapped children from birth through age 21. Head Start policy mandates an active plan for the recruitment of handicapped children. Many Head Start programs have coordinated their search for unserved handicapped youngsters with the statewide "Child Find" efforts. (Tennessee Head Start agencies reported 100% participation in the state "Child Find" campaign during 1976-77). This form of interagency collaboration increases the assurance of effective integrated service delivery to the handicapped, and recognizes Head Start's significant role as a viable resource system.

Public Law 94-142 requires a free appropriate education for all school-age handicapped children. Federal Law (P.L. 94-142) does not require state and local public schools to serve handicapped children ages 3-5 and 18-21 unless this service is consistent with state law and practice. The legislation provides incentives to expand educational and other services to preschool (3-5) and handicapped children:

1. Each State's allocation figures are based on the number of children 3-21 currently being served.

2. Additional funds for preschool programs are available through incentive grants.

Head Start personnel are urged to notify local education agency (LEA) representatives about Head Start's extensive services to the handicapped. Each LEA should be apprised of the number of children who have been professionally documented as handicapped and of the financial resources which have been committed to serving these youngsters.

In order for the handicapped Head Start enrollee to be eligible for incentive monies and financial supplements for support services, the youngster must be included in the state "Child Count"--upon which plans for P.L. 94-142 are based.

The administrative and programmatic implications for Head Start vary according to each state's written plan for the implementation of Public Law 94-142. This plan, which outlines specific procedures for meeting the mandates of the law, is submitted by the State Education Association (SEA). Each state plan must be approved by the Bureau of Education for the Handicapped (BEH), U.S. Office of Education, in order to qualify for BEH monies.

The state-by-state differences in the implementation of P.L. 94-142 are reflected in the variations of the state plans which:

- Legislate varying ages at which the handicapped qualify for services
- Include Head Start in the statewide "count" of handicapped children receiving services

- Declare Head Start eligible for receipt of incentive monies and other financial support

- Provide guidelines for collaborating agencies

These variations in state plans regarding educational services to the handicapped require Head Start personnel to familiarize themselves with the individual state plans.

- In some states, children are routinely offered educational services from age three, while in other states, public school services do not begin until age 6.

- While in some states, Head Start children are included in the "Child Count," they are not in others. The RAPs are working with SEA's to see that Head Start handicapped children are included.

- Head Start has been declared eligible for financial support in some states, and negotiations are in progress in other states.

- Some state plans are very explicit regarding community agency collaboration, while others are very general.

As Head Start strengthens its goal of increased support for Public Law 94-142, an awareness of Head Start's current interaction with each State Education Agency (SEA) is necessary. In order to increase the local Head Start program's knowledge of the law's implications in each state, the national network of Resource Access Projects (RAPs) has conducted an analysis of each state plan and made this information available to BEH and Head Start programs.

Medicaid Early and Periodic Screening, Diagnosis, and Treatment [EPSDT] Program - A primary source for the early identification of Head Start children with special needs is the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Approximately 50 percent of all Head Start enrollees nationwide are eligible for this Title XIX program.

A new interagency agreement between Head Start and the EPSDT program is being developed to ensure maximum utilization of EPSDT services by Head Start families. In several states, the EPSDT program refers identified handicapped children into Head Start programs in order that they might benefit from a comprehensive child development program.

G. Continuity of Services after Head Start

Project Head Start is a major provider of services to young handicapped children, and its personnel recognize their responsibility to find ways to insure continuity in the handicapped child's education and development after Head Start. A fundamental concern is that handicapped children leaving Head Start continue their mainstream experience and continue to receive appropriate special services when they enter the public schools. The implementation of P.L. 94-142 makes it more likely that the handicapped child leaving Head Start will continue in a mainstreamed environment in the public school and will continue to receive the special services that were made available in Head Start. The purpose of P.L. 94-142 is to assure that all handicapped children have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.

Head Start personnel are strong advocates for the optimal transition of handicapped Head Start youngsters into the public schools where the ultimate responsibility for the implementation of the law is placed. Just as Head Start personnel are familiarizing themselves with P.L. 94-142, so must school personnel become familiar with Head Start program services to handicapped children and their families. Head Start staff public school staff, parents, administrators, along with resource persons from state and local service agencies will continue and intensify their joint planning, information, and service exchanges in order to achieve a level of continuity that will be in the best interests of the handicapped child.

H. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1977. The final response rate was 78.3 percent for all summer Head Start grantees and delegate agencies, a slight decrease from the previous year's 83.3 percent.

Findings with respect to Summer Head Start programs are:

—Children professionally diagnosed as handicapped accounted for 12.1 percent of the children in summer programs. This reflects an increase over the 11.4 percent reported in summer 1976, and 10.2 percent in summer 1975 programs.

—95.7 percent of the summer Head Start programs served at least one handicapped child. This reflects an increase over the 89 percent so reported the previous summer.

The reporting Summer Head Start programs provided data on the handicapping conditions of the enrolled children. The data are presented in Table 9.

Table 9

Distribution of Handicapped Children in Summer Head Start by Category of Handicapping Condition

Handicapping Condition	Percentage of Total
Speech Impairment (communication disorder)	43.4
Health Impairment	14.6
Specific Learning Disability	9.7
Physical Handicap (orthopedic handicap)	9.2
Mental Retardation	9.0
Hearing Impairment	4.6
Visual Impairment	4.2
Serious Emotional Disturbance	3.9
Deafness	0.9
Blindness	0.4

Summer Head Start programs served severely handicapped children:

- 32.9 percent of the handicapped children in summer programs had multiple handicaps, an increase over the 26.3 percent in the prior summer's programs.

- 40.5 percent required "a fair amount" or "almost constant" special assistance, and 55.2 percent of the handicapped children required little or some special assistance.

Summer Head Start programs worked with other agencies/individuals:

- 34.4 percent of the children professionally diagnosed as handicapped were referred to Head Start by other agencies/individuals, an increase over the previous summer when 27.4 percent were referred. This reflects an improvement in the outreach and recruitment efforts of Head Start programs.

- Of those children diagnosed as handicapped, 41.8 percent were diagnosed by professionals employed by Head Start including consultants, 39.5 percent were diagnosed by private medical professionals, and 18.7 percent by other qualified professionals.

Handicapped children enrolled in Summer Head Start were receiving special educational and other services:

- 32.2 percent were receiving special services from other agencies, 44.7 percent were receiving special educational services in the Head Start classroom, and 13.6 percent were receiving special health, medical, or nutritional services. Special services were received from Head Start by 1,187 parents. These special services were related to their child's handicap.

- In 82.6 percent of the summer programs, a person had been designated to coordinate services for handicapped children; this was an increase over the 1976 level of 67.1 percent.

Special physical facilities and equipment/materials:

- 89.1 percent of all summer programs indicated that they had received no technical assistance from outside agencies in planning modifications or in acquiring special equipment or materials. Seventy-eight percent of all summer programs indicated they had not received and did not require any assistance. Eleven percent of all programs did not receive technical assistance, but could have used it.

- Of the 138 programs, 34.8 percent had already acquired special equipment/materials and 25.4 percent indicated a need beyond the equipment and materials already acquired or planned.

Training was provided in Summer Head Start programs:

- In 58.7 percent of the programs, current program staff had received preservice training in services to handicapped children. Seventy-four

percent of the programs reported 1-9 hours and 24.4 percent reported 10-29 hours of preservice training per staff member.

- In 44.2 percent of the programs, inservice training had been provided. Seventy-one percent of the programs reported 1-9 hours and 27.6 percent reported 10-29 hours of inservice training per staff member.

- The average cost of training per program which had been provided to staff members was $400 for preservice and $1,089 for inservice training. Training needed, in addition to that already provided or planned, was estimated to cost $1,222 per program.

Chapter 4
Results of An Evaluation of Mainstreaming Handicapped Children into Project Head Start

A. Introduction

As part of an ongoing effort to upgrade and improve Head Start services to the handicapped, the Administration for Children, Youth and Families undertook a two-year study to evaluate the process of mainstreaming handicapped children into Head Start. Conducted under contract with Applied Management Sciences, Inc., the study was begun in July of 1976, and was concluded in December 1978.

The evaluation was divided into two phases, each requiring one year to complete. The purpose of Phase I was to provide detailed information concerning the services afforded handicapped children in Head Start, whereas Phase II was designed to assess the impact of these services on Head Start children.

For Phase I, data were collected from a sample of 269 Head Start handicapped children representing the basic handicapping conditions. These children were selected from a nationally representative group of 59 Head Start programs. Sources of information included program directors and staff, diagnosticians and other professionals involved with the programs of services provided to each of the sample children. Data collected from Head Start programs were compared to similar data obtained from 46 non-Head Start preschool programs for the handicapped located in the same communities represented by the sampled Head Start programs.

For Phase II, baseline and post-test data were collected from a sample of 833 handicapped children--391 Head Start enrollees, 321 non-Head Start enrollees, and 121 handicapped children who were not enrolled in any program of services. These children, with the exception of the non-served study group, were generally selected from the same Head Start and non-Head Start programs that participated in Phase I. Data were collected through personal interviews with parents and program staff, direct functional assessment of children, and formal classroom observations. In addition, follow-up data were collected on the placements of the Head Start children who participated in the Phase I study.

A list of reports produced from the evaluation study appears at the end of this chapter.

B. Results

The results of this investigation of Head Start services to the handicapped indicate that Head Start programs have exerted considerable effort to comply with the Congressional mandate to seek out and serve handicapped children. Applied Management Sciences' staff had the opportunity to visit several Head Start facilities that offered exceptional services to their handicapped enrollees in each of the major Head Start program areas (educational services, health and dental services, social services, and parent involvement activities). In many instances, children were encountered who, if not for Head Start, would have remained isolated from their nonhandicapped peers and would not have received the assistance they required.

Study data support the value of preschool services to the handicapped, and that Head Start services are at least as effective as those provided by other existing preschool program alternatives. Almost all Head Start handicapped children were served in a mainstreamed context and most were well integrated into classroom activities. For many handicapped children in Head Start, program experiences resulted in increases in playful and positive peer interaction and gains in physical, self-help, social, cognitive, and communication skills. Program staffs were committed to serving the handicapped, and most felt that mainstreaming was a positive factor in a handicapped child's program of services.

The results of the evaluation of the process of mainstreaming of handicapped children in Project Head Start are reported below in several areas in which the study concentrated.

Mainstreaming Practices. The Head Start programs studied had achieved a high degree of mainstreaming of handicapped children. More than 90 percent of the sampled handicapped children were completely mainstreamed in the sense that they spent nearly all their daily program routine in the company of nonhandicapped peers. In the classroom setting, more than 60 percent of the same children were fully integrated into classroom activities.

Professional specialists are used to augment core Head Start staff capabilities in some settings. Fifty-four percent of the handicapped Head Start children were in mainstreaming situations in which services were provided by professional specialists. In keeping with the emphasis on meeting the needs of severely handicapped children, the data from the study indicated that severely disabled children were more likely to be in mainstreaming settings in which the Head Start classroom teacher received supportive services from professional specialists.

Even among children with severe disabilities, 57 percent were judged to be socially integrated. Eighty-one percent of those children with mild impairments were socially integrated. Degree of social integration varied across handicapping condition. Children diagnosed as mentally retarded or emotionally disabled were less likely to be fully socially integrated than children with other handicapping conditions.

Facilities and materials available to Head Start programs to support the mainstreaming of handicapped children were generally adequate for children with mild or moderate impairments.

A greater proportion of Head Start programs (98.3 percent) provided a classroom mainstreaming experience in comparison to the non-Head Start programs visited (28 percent).

Diagnostic and Other Professional Services. According to program staff, approximately 90 percent of the sample Head Start children had diagnostic confirmation of their reported primary handicapping condition. Children reported as emotionally disturbed, learning disabled or health impaired were least likely to have appropriate diagnostic confirmation of their respective handicaps.

Often diagnostic confirmations occurred relatively late in the program year. Including those children receiving diagnostic services prior to program entry, 69 percent of the sample children had received appropriate diagnostic confirmation before the end of January.

Diagnostic services were usually provided by appropriately qualified professionals. Physicians, speech therapists, audiologists, and psychologists/psychiatrists were the predominant diagnosticians and most often were in private practice or associated with hospitals or clinics. Public school professionals were used infrequently.

Almost all of the sample Head Start children (90.3 percent) received services from professional specialists at some point during the program year. However, fewer than half of the children received these services on a weekly basis. The professionals who provided services to the sample children predominantly provided screening and diagnostic services and least frequently provided direct intervention/rehabilitative services to children.

Planning and Implementation of Individual Plans of Services and Classroom Activities. Handicapped children in Head Start were rarely excluded from classroom activities due to the nature of their handicapping conditions. Class activities were generally conducted the same way for handicapped children as for nonhandicapped Head Start enrollees. For example, class activities emphasizing cognitive skills were conducted for 50 percent of the study sample in the same manner as these activities were conducted for their nonhandicapped peers. On the other hand, 36 percent of the study sample usually had cognitively-oriented activities conducted specifically to meet their special needs.

More than half (56.9 percent) of the Head Start sample children had written individualized service plans. Diagnostic files were used in the development of service plans for 78 of the 269 sample children.

Non-Head Start programs reported more extensive use of individualized service plans than Head Start. These programs also reported greater use of individualized instruction techniques and a greater preference for performance-based curricula relative to Head Start programs. These findings are explained, in part, by the fact that most non-Head Start programs did not mainstream children, had smaller overall class sizes, and emphasized special educational services as opposed to Head Start's emphasis on child development services.

Community Agency Coordination. Agencies most likely to refer children to Head Start were local public social service agencies (17.2 percent) and public school systems (18.4 percent). Children were less likely to be referred by: 1) agencies that were part of statewide or regional networks established to locate preschool handicapped children; or 2) special purpose agencies established to serve the handicapped. Non-Head Start programs reported greater involvement with these other referral sources.

The services provided to Head Start by outside professionals were usually paid for or provided in-kind by the agencies with which these professionals were affiliated.

Progress of Handicapped Children. Children identified as speech impaired in Head Start and non-Head Start programs manifested statistically significant developmental gains in physical, self-help, academic, and communication skills relative to non-served children. Developmental gains among speech impaired children in Head Start were comparable to those among children in non-Head Start programs. Each group evidenced gains of almost six months in communication age relative to the non-served speech impaired children.

Developmental gains for Head Start and non-Head Start children with other handicaps (physical handicaps, mental retardation, health or developmental impairment, etc.) were generally not significantly greater than those of non-served children. However, children in programs of services, particularly Head Start children, generally exhibited small but positive developmental gains in physical, self-help, social, academic, and communication skills relative to the non-served group. Exceptions to this trend were in the areas of social skills among the mentally retarded, and health or developmentally impaired, and physical skills and communication skills among the physically handicapped.

Developmental gains were greater for Head Start children than non-Head Start children. This was particularly so for children identified as mentally retarded, health or developmentally impaired, and learning disabled or emotionally disturbed. Across all handicapping conditions, Head Start children exhibited consistently greater gains than non-Head Start children in self-help skills and academic skills. With few exceptions, however, these differences were not statistically significant.

During the course of the program year, children in Head Start exhibited behaviors that were more like nonhandicapped children than their non-Head Start counterparts. Classroom observations identified few instances of negative behaviors initiated by or directed toward handicapped Head Start enrollees. Interactions between handicapped and non-handicapped children in Head Start were generally playful or task-oriented.

Parents in both Head Start and non-Head Start programs have positive orientations to their children's program services and believed that their children's programs were beneficial.

Background and Program Staff Variables. Unlike other studies in educational research, child/family background characteristics did not serve to consistently explain why certain children did or did not benefit from a program of services. This was so for both Head Start and non-Head Start programs.

To the extent that a pattern of background variables did emerge among the Head Start enrollees, the variables were related to characteristics of the child's parents rather than the child himself or herself. This was interpreted as underscoring the value of well-developed parent involvement programs to facilitate service delivery to the preschool handicapped.

Among children in non-Head Start programs, younger children and children with more severe impairments showed a slight tendency to benefit less from program services than their older, more mildly impaired classmates.

The data indicated that among Head Start enrollees, the more experienced a child's teacher in working with handicapped children, the more likely the child would realize program benefits regardless of the teacher's salary level or formal education. The exception to this general finding was among Head Start children identified as mentally retarded. For these children, teacher preparation (in terms of formal education and/or degree area) was at least as important as experience.

Among non-Head Start enrollees, teacher preparation and formal education was more important in distinguishing between children who did or did not evidence developmental gains than teacher experience.

Smaller class sizes, lower handicapped child/nonhandicapped child ratios and high levels of time spent in a mainstreaming situation were all positively related to developmental gains and increased positive social interaction among Head Start enrollees. Trends, however, were not generally statistically significant and varied as a function of the nature of the child's handicap. Variables associated with the practice of mainstreaming (e.g., time spent in a mainstreamed situation) were associated with the program benefits for physically handicapped and mentally retarded Head Start enrollees. Smaller class sizes were associated with program benefits for speech impaired and mentally retarded. Lower ratios of handicapped to nonhandicapped children were associated with program benefits for physically handicapped, speech impaired, and mentally retarded.

Head Start Efforts to Ensure Post-Head Start Service Continuity. More than half of the Phase I sample children who were no longer enrolled in Head Start at the time of Phase II data collection activities were placed in programs with nonhandicapped peers. However, 103 of these children were placed in regular public school classrooms with no supportive assistance. Therefore, it was not clear whether regular classroom placements were appropriate for this group of children.

Most programs made some effort to facilitate the transition of handicapped children from Head Start to post-Head Start placements. However, these efforts were usually fragmented and **ad hoc** rather than in response to the lack of specific ACYF guidelines to assist Head Start programs in implementing ACYF's more general policy of providing for service continuity. This also, in part, resulted from a similar lack of guidelines in post-Head Start public school programs.

Head Start programs were most likely to forward program files to a child's new placement (124 of 221 cases). They were least likely to participate in discussions with a child's new program staff concerning the child's special needs and his/her Head Start program of services or to invite pre-placement observations by the staff of the child's new program.

List of Evaluation Study Reports*

Applied Management Sciences, Inc., State of the Art Literature Review on the Mainstreaming of Handicapped Children and Youth, Silver Spring, Md., September 1, 1976.

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*These evaluation reports will be available through the Educational Resources Information Center (ERIC) System in the near future. ERIC, in addition to having specialized clearinghouses across the country, publishes Resources in Education (RIE) a monthly abstract journal announcing recently completed research reports and other documents of educational significance. RIE is available in libraries and along with announcements of new publications, includes ED numbers, abstracts, and prices for microfiche or hard copies of reports. Reports once listed with ED numbers are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703/841-1212).

APPENDIX A

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
[OR GEOGRAPHICAL ENTITY]

FULL YEAR 1977-1978

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped April-May 1978	Percent of Enrollment Professionally Diagnosed as Handicapped April-May 1978
Alabama	34	8,631	1,275	14.77
Alaska	3	641	151	23.56
Arizona	14	2,049	292	14.25
Arkansas	18	5,001	653	13.06
California	125	18,277	1,843	10.08
Colorado	25	3,891	451	11.59
Connecticut	17	2,158	256	11.86
Delaware	5	1,047	127	12.13
District of Columbia	7	1,511	113	7.48
Florida	31	10,241	1,114	10.88
Georgia	46	6,331	932	14.72
Hawaii	5	1,000	95	9.50
Idaho	7	862	156	18.10
Illinois	51	10,966	1,277	11.65

*Excluding Migrant and Indian Programs Within States, as Applicable.

APPENDIX A [Continued]

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
[OR GEOGRAPHICAL ENTITY]

FULL YEAR 1977-1978

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped April-May 1978	Percent of Enrollment Professionally Diagnosed as Handicapped April-May 1978
Indiana	32	5,056	642	12.70
Iowa	25	2,986	540	18.08
Kansas	22	2,412	405	16.79
Kentucky	43	8,736	1,276	14.16
Louisiana	33	7,648	1,268	16.58
Maine	14	1,408	213	15.13
Maryland	21	3,123	358	11.46
Massachusetts	37	4,450	515	11.57
Michigan	62	7,369	893	12.12
Minnesota	26	3,694	599	16.22
Mississippi	23	24,081	3,045	12.64
Missouri	21	7,332	1,322	18.03
Montana	8	809	101	12.48
Nebraska	14	1,545	233	15.08

*Excluding Migrant and Indian Programs Within States, as Applicable.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
[OR GEOGRAPHICAL ENTITY]

FULL YEAR 1977-1978

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped April-May 1978	Percent of Enrollment Professionally Diagnosed as Handicapped April-May 1978
Nevada	3	250	45	18.00
New Hampshire	6	648	123	18.98
New Jersey	31	5,701	694	12.17
New Mexico	22	2,976	413	13.88
New York	146	13,960	1,590	11.39
North Carolina	42	9,483	1,487	15.68
North Dakota	4	321	75	23.36
Ohio	66	10,936	1,651	15.10
Oklahoma	31	6,670	1,035	15.52
Oregon	12	1,241	242	19.50
Pennsylvania	53	7,253	1,222	16.85
Rhode Island	8	867	157	18.11
South Carolina	20	5,976	930	15.56
South Dakota	6	601	84	13.98

*Excluding Migrant and Indian Programs Within States, as Applicable.

APPENDIX A [Continued]

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE* [OR GEOGRAPHICAL ENTITY]

FULL YEAR 1977-1978

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped April-May 1978	Percent of Enrollment Professionally Diagnosed as Handicapped April-May 1978
Tennessee	28	8,120	1,252	15.42
Texas	92	15,605	1,982	12.70
Utah	10	1,075	131	12.19
Vermont	5	637	78	12.24
Virginia	27	3,319	448	13.50
Washington	26	3,278	601	18.33
West Virginia	24	3,502	612	17.48
Wisconsin	29	3,957	464	11.73
Wyoming	5	548	67	12.23
American Samoa	0	0	0	0.00
Guam	1	298	33	11.07
Puerto Rico	25	10,273	1,517	14.77
Trust Territories of The Pacific Islands	1	262	19	7.25
Virgin Islands	1	914	14	1.53

*Excluding Migrant and Indian Programs Within States, as Applicable.

APPENDIX A [Continued]

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE* [OR GEOGRAPHICAL ENTITY]

FULL YEAR 1977-1978

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped April-May 1978	Percent of Enrollment Professionally Diagnosed as Handicapped April-May 1978
State Subtotal	1,493	271,926	37,111	13.65
Indian Programs	57	5,343	640	11.98
Migrant Programs	31	7,589	370	4.88
Total	1,581	284,858	38,121	13.38

*Excluding Migrant and Indian Programs Within States, as Applicable.

APPENDIX B
DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL EDUCATIONAL OR RELATED SERVICES PROVIDED BY HEAD START STAFF BY HANDICAPPING CONDITIONS

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Individualized Teaching Techniques		Special Teaching Equipment		Psychotherapy Counseling, Behavior Management		Physical Therapy, Physiotherapy		Speech Therapy, Language Stimulation	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	83	67.48	55	44.72	20	16.26	9	7.32	29	23.58
Visual Impairment	547	248	45.34	107	19.56	56	10.24	16	2.93	112	20.48
Deafness	138	94	68.12	38	27.54	15	10.87	0	0.00	67	48.55
Hearing Impairment	542	303	55.90	76	14.02	45	8.30	3	0.55	276	50.92
Physical Handicap	896	517	57.70	229	25.56	134	14.96	181	20.20	350	39.06
Speech Impairment	1,419	1,007	70.97	401	28.26	239	16.84	22	1.55	1,026	72.30
Health Impairment	935	465	49.73	141	15.08	154	16.47	39	4.17	289	30.91
Mental Retardation	753	618	82.07	280	37.18	298	39.58	50	6.64	477	63.35
Serious Emotional Disturbance	725	548	75.59	119	16.41	359	49.52	12	1.66	286	39.45
Specific Learning Disability	543	426	78.45	112	20.63	169	31.12	22	4.05	295	54.33

APPENDIX B [Continued]

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL EDUCATIONAL OR RELATED SERVICES PROVIDED BY HEAD START STAFF BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Occupational Therapy		Education in Diet, Etc.		Transportation		Counseling for Parent or Family		Other Educational Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	6	4.88	23	18.70	29	23.58	54	43.90	9	7.32
Visual Impairment	547	9	1.65	44	8.04	110	20.11	180	32.91	25	4.57
Deafness	138	4	2.90	11	7.97	47	34.06	57	41.30	8	5.80
Hearing Impairment	542	7	1.29	46	8.49	131	24.17	208	38.38	24	4.43
Physical Handicap	896	82	9.15	137	15.29	273	30.47	355	39.62	43	4.80
Speech Impairment	1,419	34	2.40	164	11.56	391	27.55	688	48.48	65	4.58
Health Impairment	935	30	3.21	291	31.12	245	26.20	400	42.78	52	5.56
Mental Retardation	753	43	5.71	124	16.47	278	36.92	430	57.10	50	6.64
Serious Emotional Disturbance	725	20	2.76	95	13.10	204	28.14	410	56.55	46	6.34
Specific Learning Disability	543	37	6.81	78	14.36	157	28.91	291	53.59	27	4.97

APPENDIX C

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Physical Therapy		Speech Therapy, Language Stimulation		Occupational Therapy		Medical Treatment	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	14	11.38	22	17.89	6	4.88	29	23.58
Visual Impairment	547	17	3.11	82	14.99	11	2.01	152	27.79
Deafness	138	5	3.62	80	57.97	7	5.07	38	27.54
Hearing Impairment	542	3	0.55	225	41.51	8	1.48	186	34.32
Physical Handicap	896	474	52.90	271	30.25	160	17.86	488	54.46
Speech Impairment	1,419	40	2.82	901	63.50	39	2.75	268	18.89
Health Impairment	935	70	7.49	190	20.32	41	4.39	590	63.10
Mental Retardation	753	91	12.08	360	47.81	58	7.70	243	32.27
Serious Emotional Disturbance	725	13	1.79	180	24.83	15	2.07	130	17.93
Specific Learning Disability	543	37	6.81	190	34.99	40	7.37	95	17.50

APPENDIX C [Continued]

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Medical Diagnosis, Evaluation or Testing		Psychotherapy, Counseling, Behavior Management		Special Equipment For Child		Education in Diet, Nutrition	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	43	34.96	19	15.45	37	30.08	6	4.88
Visual Impairment	547	145	26.51	27	4.94	172	31.44	15	2.74
Deafness	138	62	44.93	20	14.49	51	36.96	4	2.90
Hearing Impairment	542	210	38.75	32	5.90	86	15.87	18	3.32
Physical Handicap	896	427	47.66	87	9.71	468	52.23	84	9.38
Speech Impairment	1,419	409	28.82	177	12.47	81	5.71	74	5.21
Health Impairment	935	468	50.05	121	12.94	103	11.02	239	25.56
Mental Retardation	753	301	39.97	213	28.29	102	13.55	69	9.16
Serious Emotional Disturbance	725	225	31.03	385	53.10	23	3.17	44	6.07
Specific Learning Disability	543	191	35.17	127	23.39	32	5.89	32	5.89

APPENDIX C [Continued]

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Special Teaching Equipment		Family or Parental Counseling		Assistance in Obtaining Special Services		Other Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	24	19.51	49	39.84	56	45.53	50	40.65	18	14.63
Visual Impairment	547	65	11.88	58	10.60	125	22.85	103	18.83	34	6.22
Deafness	138	37	26.81	29	21.01	59	42.75	53	38.41	19	13.77
Hearing Impairment	542	79	14.58	26	4.80	147	27.12	113	20.85	34	6.27
Physical Handicap	896	189	21.09	80	8.93	371	41.41	308	34.38	48	5.36
Speech Impairment	1,419	228	16.07	152	10.71	468	32.98	301	21.21	56	3.95
Health Impairment	935	127	13.58	46	4.92	394	42.14	234	25.03	37	3.96
Mental Retardation	753	169	22.44	120	15.94	345	45.82	230	30.54	68	9.03
Serious Emotional Disturbance	725	117	16.14	50	6.90	391	53.93	187	25.79	51	7.03
Specific Learning Disability	543	80	14.73	56	10.31	199	36.65	123	22.65	37	6.81

APPENDIX D

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES PROVIDED TO PARENTS OF HANDICAPPED CHILDREN BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services											
		Counseling		Literature/ Special Teaching Equipment		Referrals To Other Agencies		In-Service Meetings, Etc.		Special Classes		Medical Assistance	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	52	42.28	42	34.15	57	46.34	48	39.02	11	8.94	20	16.26
Visual Impairment	547	229	41.86	125	22.85	234	42.78	157	28.70	25	4.57	121	22.12
Deafness	138	70	50.72	50	36.23	74	53.62	50	36.23	24	17.39	28	20.29
Hearing Impairment	542	249	45.94	138	25.46	235	43.36	176	32.47	47	8.67	146	26.94
Physical Handicap	896	449	50.11	271	30.25	450	50.22	312	34.82	105	11.72	218	24.33
Speech Impairment	1,419	765	53.91	565	39.82	650	45.81	622	43.83	214	15.08	223	15.72
Health Impairment	935	460	49.20	255	27.27	410	43.85	306	32.73	61	6.52	258	27.59
Mental Retardation	753	471	62.55	260	34.53	454	60.29	358	47.54	98	13.01	173	22.97
Serious Emotional Disturbance	725	480	66.21	198	27.31	391	53.93	314	43.31	60	8.28	131	18.07
Specific Learning Disability	543	336	61.88	184	33.89	291	53.59	239	44.01	59	10.87	133	24.49

APPENDIX D [Continued]

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES PROVIDED TO PARENTS OF HANDICAPPED CHILDREN BY HANDICAPPING CONDITION

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Workshops		Visits to Homes, Hospitals, Etc.		Parent Meetings		Other	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	123	35	28.46	28	22.76	51	41.46	53	43.09	5	4.07
Visual Impairment	547	175	31.99	100	18.28	191	34.92	185	33.82	18	3.29
Deafness	138	61	44.20	29	21.01	58	42.03	47	34.06	6	4.35
Hearing Impairment	542	178	32.84	108	19.93	201	37.08	177	32.66	13	2.40
Physical Handicap	896	332	37.05	197	21.99	390	43.53	323	36.05	36	4.02
Speech Impairment	1,419	452	31.85	344	24.24	585	41.23	536	37.77	60	4.23
Health Impairment	935	313	33.48	198	21.18	390	41.71	320	34.22	41	4.39
Mental Retardation	753	286	37.98	197	26.16	381	50.60	292	38.78	36	4.78
Serious Emotional Disturbance	725	240	33.10	171	23.59	345	47.59	288	39.72	36	4.97
Specific Learning Disability	543	186	34.25	128	23.57	266	48.99	205	37.75	22	4.05

*U.S. GOVERNMENT PRINTING OFFICE: 1979 351-688/5003 1-3